



401 NORTH BOYERS AVE • P.O. Box 1923 • GALLATIN, TENNESSEE 37066-1923
PHONE 615.452.1661 • FAX / TDD 615.452.5601

October 7, 2010

U.S. Department of Housing and
Urban Development
235 Cumberland Bend Drive
Suite 200
Nashville, TN 37228-1803

RE: GHA 2011 PHA PLAN SUBMISSION

Dear Sandy:

As a follow up to this Agency's PHA Plan submission, please be advised that no residents attended the Gallatin Housing Authority Resident Advisory Board meeting which was held on Monday, September 27, 2010 and the public hearing that was held on Monday, October 4, 2010.

As a result of the lacking attendance, no challenged elements were made by the public, Resident Advisory Board or the Board of Commissioners.

Please include this statement with the above named submission.

Yours truly,

A handwritten signature in black ink, appearing to read "Sue Dean", written in a cursive style.

Sue Dean
Modernization Coordinator

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 01/01/2013 hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Gallatin Housing Authority

TN029


PHA Name

PHA Number/HA Code

☒ 5-Year PHA Plan for Fiscal Years 20 12 - 20 15

☒ Annual PHA Plan for Fiscal Years 20 10 - 20 11

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
JEFF BOND	BOARD CHAIRMAN
Signature	Date
	10/5/10

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification

Annual Certification and Board Resolution

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.


GALLATIN HOUSING AUTHORITY

TN209

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	JEFF BOND	Title	BOARD CHAIRMAN
Signature			
	Date	10/5/10	

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

GALLATIN HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

ANNUAL/5 YEAR PLAN

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- b. Establishing an on-going drug-free awareness program to inform employees ---
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Applicant's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;
- d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.


2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

All work to be completed within the city of Gallatin, Sumner, Tennessee 37066 at the following street locations:
North Boyers Avenue
Hull Circle

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Kurt O.E. Tschaepe	Executive Director
Signature	Date
X 	10/05/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:		
Congressional District, if known: 4c		
Federal Department/Agency:		
Congressional District, if known:		
Federal Program Name/Description:		
CFDA Number, if applicable: _____		
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
Signature: <u>Kurt O.E. TSCHAEPE</u> Print Name: KURT O.E. TSCHAEPE Title: EXECUTIVE DIRECTOR Telephone No.: 615-452-1661, Extension 14 Date: 10/05/2010		
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

GALLATIN HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

ANNUAL & FIVE YEAR PLAN

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

KURT O.E. TSCHAEPE

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

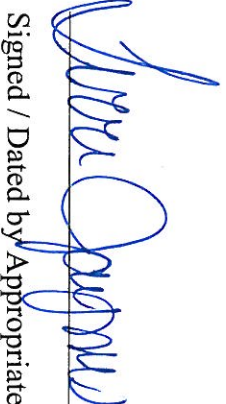
10/05/2010

**Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Terri Jaynes the Planning Coordinator certify that the Five Year and
Annual PHA Plan of the Gallatin Housing Authority is consistent with the Consolidated Plan of
State of Tennessee prepared pursuant to 24 CFR Part 91.


10/1/10
Signed / Dated by Appropriate State or Local Official

PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB No. 2577-0226
Expires 4/30/2011

1.0	PHA Information PHA Name: Gallatin Housing Authority PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing PHA Fiscal Year Beginning: (MM/YYYY): 01/2011 PHA Code: TN029 <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)						
2.0	Inventory (based on ACG units at time of FY beginning in 1.0 above) Number of PH units: 429 Number of HCV units: _____						
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only						
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)						
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	PH	HCV
	PHA 1:						
	PHA 2:						
	PHA 3:						
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.						
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Gallatin Housing Authority is to be the area's affordable housing of choice. We provide and maintain safe, quality housing in a cost-effective manner. By partnering with others, we offer rental assistance and other related services to our community in a non-discriminatory manner.						
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. 1. To continually increase customer satisfaction by continuing to develop programs and policies to make our housing program and stock more desirable. 2. Promote motivating work environment with capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry. Provide residents with more information about new and existing programs, events, and policies. The current staff has worked hard at creating a more customer-friendly environment where residents are more open with issues and concerns. We have had a monthly newsletter for the past 11 years that provides up to date information for residents on housing activities, community activities and a guide to what is happening during the current month. Outside organizations submit program information that we supply in the newsletters as an additional benefit to the residents. 3. Renovate or modernize public housing stock to be more desirable including central heat and air systems by year 2013. We will continue to strive toward making our housing stock more energy efficient and upgrade to maintain a more desirable home to attract customers. 4. It has always been the goal of GHA to assist working families to move from assisted housing to homeownership or unassisted housing. We will continue to make this effort top priority to assist as many families as possible over the next five year period.						

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: 1. Energy Audit completed and available for public review covering the next five (5) year period. 2. GHA Admissions and continued Occupancy Policy (ACOP) updated to include Violence Against Women Act also available for public review. 3. GHA has incorporated into its dwelling lease the responsibilities of persons claiming relief under the VAWA The GHA Board of Commissioners has adopted and approved all above modifications.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. A copy of the 5-Year and Annual PHA Plan will be made available for public review at the offices of Gallatin Housing Authority's two locations at: 401 North Boyers Avenue, Gallatin, Tn 114 Jordan Drive, Carthage, TN.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> SEE ANNUAL STATEMENTS</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFPF financing. SEE ATTACHED</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. ATTACHED</p>
8.3	<p>Capital Fund Financing Program (CFPF). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. See Attached</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan See Attached</p> <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p>
10.0	<p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Refer to 5.2 for progress</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" A modification to the Annual Plan shall be considered to be a substantial deviation from the Five Year Plan when the objectives set forth in such modification are in direct conflict with the objectives set forth in the Five Year Plan as those objectives pertain to resident admissions or the use of housing stock. Additions or modifications to the Annual Plan, which are not in direct conflict with the above stated objectives, shall not be considered as substantial deviations. In such cases where a substantial deviation shall arise, the Agency shall explain the reasons for such deviation within the body of its Annual Plan, insuring full public process for the proposed plan.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

ATTACHMENTS

TO

GALLATIN HOUSING AUTHORITY

2011 PHA PLAN

VIOLENCE AGAINST WOMEN ACT

PHA STATEMENT

The Gallatin Housing Authority plans to offer referrals and information to anyone asserting that they are a victim of domestic violence – this includes child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

Victims of domestic violence will be offered housing consistent with the provisions of this Agency's Admissions and Continued Occupancy Policy. In accordance with the provisions of this Agency's Admissions and Continued Occupancy Policy, applicants or residents requesting assistance in situations arising from incidents of domestic violence will be referred to social service agencies.

Additionally, this Agency will collaborate with local law enforcement agencies in an effort to provide training for residents on issues dealing with domestic violence.

Applicants will be advised of their right under VAWA as the act is applied to public housing agencies.

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
OR STALKING**

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2577-0249
Exp. (05/31/2007)

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

- (1) A Federal, State, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other family members listed on the lease _____

Name of the abuser: _____

Relationship to Victim: _____

Date the incident of domestic violence occurred: _____

Time: _____

Location of Incident: _____

Name of victim: _____

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.

NOTICE OF VAWA (VIOLENCE AGAINST WOMEN ACT) PROTECTIONS

VAWA provides that criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. The law also provides that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence and will not be "good cause" for termination of the assistance, tenancy or occupancy rights of a victim of such violence, all subject to the provisions set forth hereinbelow.

Persons claiming relief under VAWA may be required by the Public Housing Authority to submit a certification of any incident/s under which a claim for VAWA relief is founded. Forms for such certification are available at the Authority's administrative offices. Individuals to whom such a request for certification is made by the Housing Authority must submit such certification within FOURTEEN (14) days from date of the Authority's request for the same. Failure to provide written certification with the foregoing timeframe will constitute grounds for lease termination.

In the event that the individual who is the cause of the abuse, threatened abuse, or stalking activity resides within the household, it is specifically understood that the lease may be bifurcated or divided, all at the exclusive election of the Housing Authority, allowing the Housing Authority to evict the perpetrator without impacting the continued residency of other members of the household. This is to acknowledge the right of the Housing Authority to bifurcate the underlying lease as it may from time to time deem necessary or appropriate. The lease is hereby amended to provide the Housing Authority with such unilateral power. This amendment is hereby incorporated into the lease agreement and into any future lease agreements arising from the original lease agreement. This document shall be affixed to the underlying lease and any future leases.

ACKNOWLEDGMENT

THIS IS TO ACKNOWLEDGE that I have read the foregoing and that the foregoing has been explained to me – all to my satisfaction. This is to further acknowledge my agreement to

all the foregoing and specifically to the Housing Authority's exclusive right of lease bifurcation incorporated herein.

EXECUTED THIS ____ day of _____, 2____.

WITNESS

(LESSEE)

(LESSEE)

(LESSEE)

(LESSEE)

GALLATIN HOUSING AUTHORITY

2011 PHA PLAN/5 YEAR PLAN

HUD 50075,SECTION 9.0

The Gallatin Housing Authority's waiting list is currently closed to all applicants. This decision came from the low number of vacancies our Agency has had over approximately the past 12 months. We are currently renovating TWO (2) developments of housing. One development is nearing completion as the Agency used an outside contractor to complete the renovations. With these units being made available, the waiting list will begin to flow at a greater rate and should be able to allow the waiting list to reopen. A review at the end of September, 2010 revealed approximately 289 applicants on the waiting list and FOUR (4) vacant units available to lease.

The waiting list for our Carthage site remains open for applicants to apply for housing assistance. As of September 30, 2010 a total of 112 applicants were on the active waiting list with approximately SIX (6) units of housing available to rent. As with the Gallatin, this site is working toward incorporating more working families into the community in order to balance the income ratio. This task is proving extremely difficult due to the lack of availability of employment within the community.

SECTION 9.1

Our main goal is to be able to reopen the waiting list as soon as possible in order to allow families the opportunity to secure affordable housing in the near future. This will be accomplished by actively removing families that violate lease violations, fail to pay rent, etc. Another way will be the completion of Development TN029-002 renovations that will open up the apartments to applicants on the current waiting list and allow the waiting list to decrease in size quickly.

In order to reduce the income ratio, GHA is periodically providing oversized housing to disabled applicants meeting the guidelines and providing an income stream to increase the income levels within the developments.

Waiting List Review

Gallatin Housing Authority (TN029)
Gallatin Waiting List

Waiting List Code: gha1

Property: Waitlist Property

Property Code: wait

Waiting List Type: 0

Max Refusals: 5

Date/Time Last Generated: September 20, 2010 2:51 pm

List Open: Yes

Date Open:

Date Closed:

List Ordering

Sort Order 1: Preferences

Sort Order 2: Date/Time

Sort Order 3: Income Targeting

Sort Order 4:

Sort Order 5:

Use Single Preference Rule: No

Waiting List Statistics

Total Selected: -12

Total Rejected: 40

Total Housed: 146

Total In Process: -198

% Lease up: 78.5%

Income Targeting

Code	Income Limit Description	Req. %	Pts/ Wt	# Selected	# Rejected	# Housed	# In Process	Lease Up %	% Met
eli	Nashville-Davidson-Murfreesboro	30%	5	16	0	16	0	100.0%	11.0%
vii	Nashville-Davidson-Murfreesboro	50%	5	6	0	6	0	100.0%	4.1%
li	Nashville-Davidson-Murfreesboro	80%	5	0	0	0	0	0.0%	0.0%

Income Limits Detail

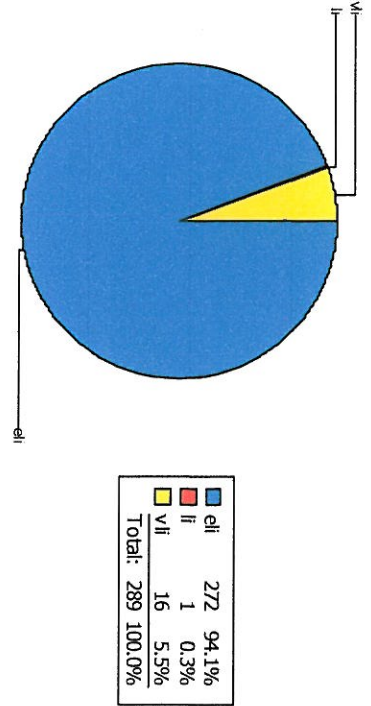
Code	Description	Median Income	Med Inc	% Income Limits - Number of HH Members							
				1	2	3	4	5	6	7	8
eli	Nashville-Davidson-Murfreesboro	65,200	30%	13,700	15,650	17,600	19,550	21,150	22,700	24,250	25,850
vii	Nashville-Davidson-Murfreesboro	65,200	50%	22,850	26,100	29,350	32,600	35,250	37,850	40,450	43,050
li	Nashville-Davidson-Murfreesboro	65,200	80%	36,550	41,750	46,950	52,150	56,350	60,500	64,700	68,850

Current Waiting List Households by Selection Status and Income Limit

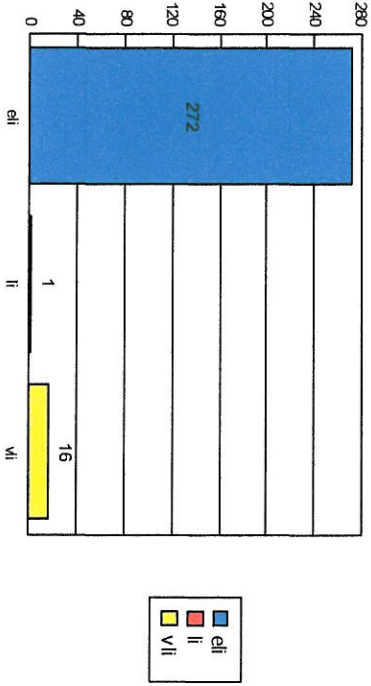
	eli	li	vli	Total Number Avg Position Min Position Max Position
Not Selected	271 39 1 105	1 8 8 8	16 39 1 91	288 39 1 105
Selected	1 4 4 4	0 0 0 0	0 0 0 0	1 4 4 4
Total	272 39 1 105	1 8 8 8	16 39 1 91	289 39 1 105

Gallatin Housing Authority (TN029)
Gallatin Waiting list

Households by Income Limit - Percentage



Households by Income Limit - Count



Waiting List Preferences

Preference Calculation Method: Aggregate

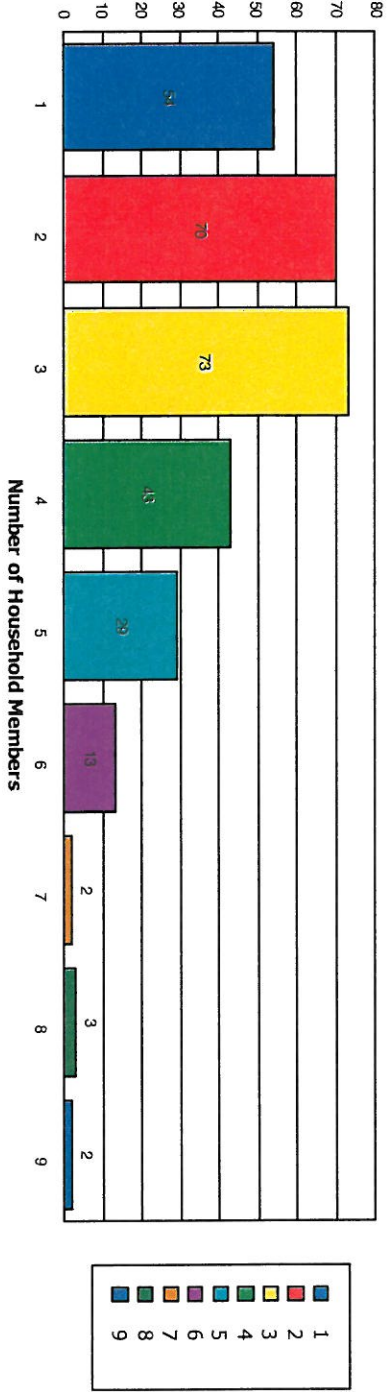
Code	Preference Description	Points / Weight	Rank
1	Flood, Fire, Condensation	5	0
2	Working 32 hours	3	0
3	Full Time Student	2	0
4	Domestic Violence	1	0

Waiting List Summary Information

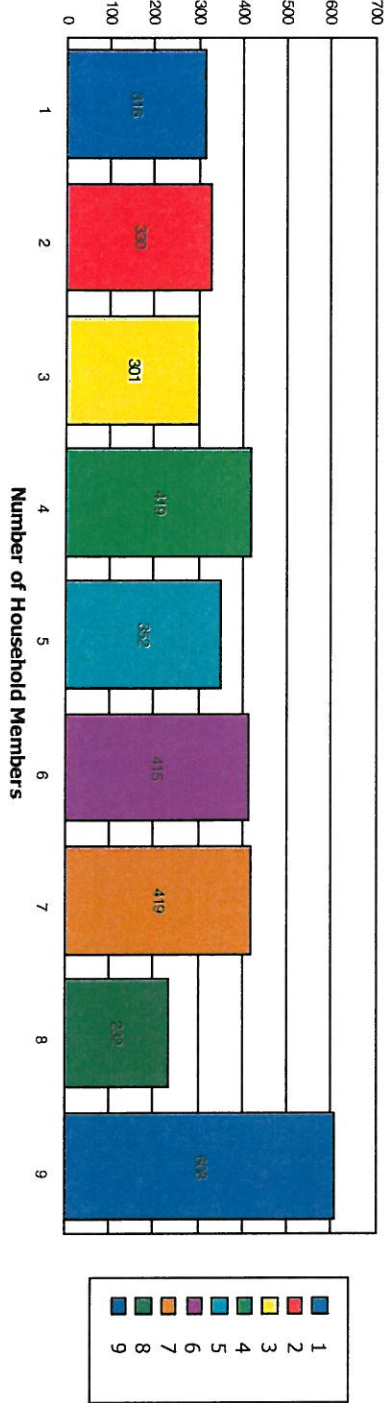
Waiting List Time Based on Number of HH Members

	1	2	3	4	5	6	7	8	9	# Families Avg Days Min Days Max Days
Not Selected	54 316 34 887	70 330 34 1,476	73 301 34 964	43 419 42 1,057	29 352 39 711	13 415 228 840	2 419 419 419	3 232 223 237	2 608 608 608	289 341 34 1,476
Total	54 316 34 887	70 330 34 1,476	73 301 34 964	43 419 42 1,057	29 352 39 711	13 415 228 840	2 419 419 419	3 232 223 237	2 608 608 608	289 341 34 1,476

Number of Households on Waiting List by Number of Members



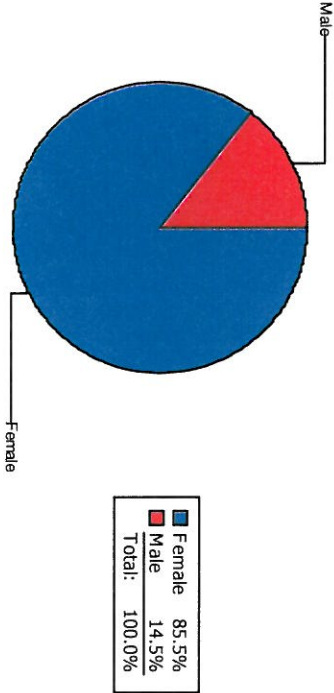
Avg Days on Waiting List by Number of Household Members



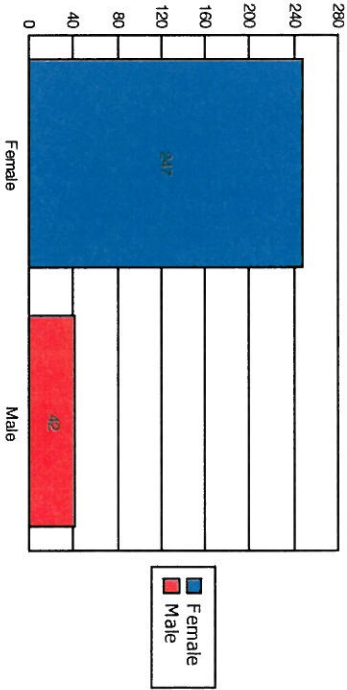
Gender of Head of Household

	Female	Male	Total
Not Selected	247	42	289
Total	247	42	289

Gender of Head of HH - Percentage



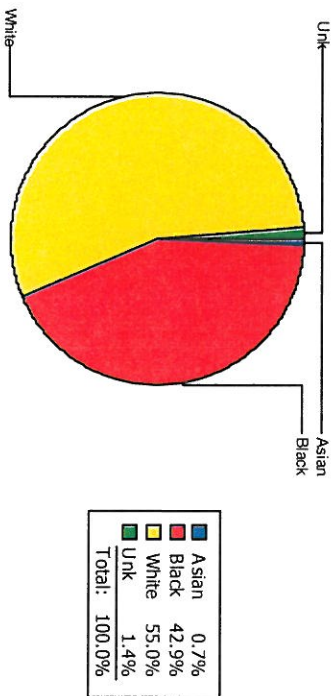
Gender of Head of HH - Count



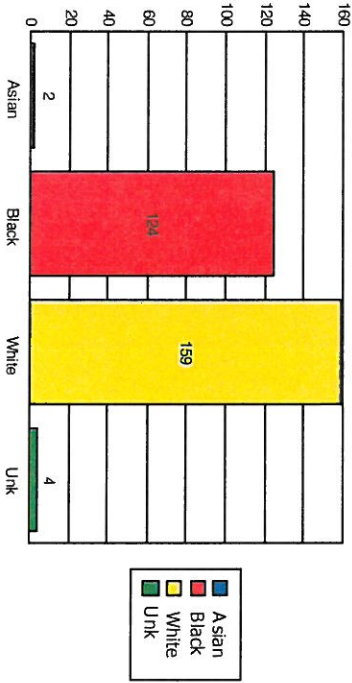
Household Race

	Asian	Black	White	Unk	Total
Not Selected	2	124	159	4	289
Total	2	124	159	4	289

Household Race - Percentage



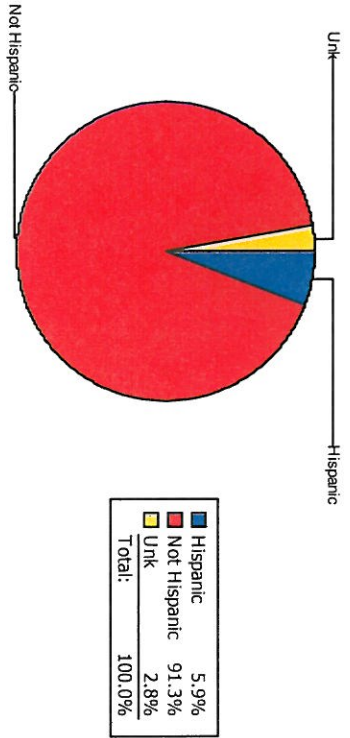
Household Race - Count



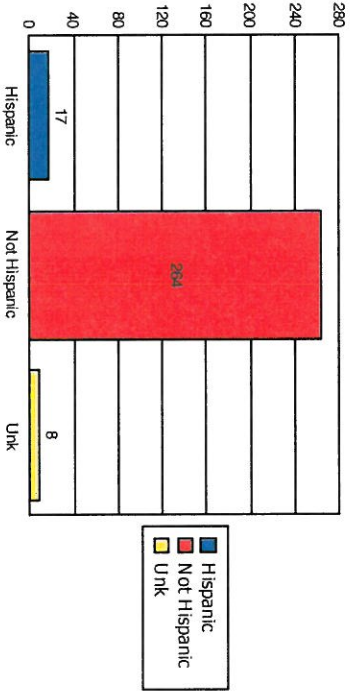
Household Ethnicity

	Hispanic	Not Hispanic	Unk	Total
Not Selected	17	264	8	289
Total	17	264	8	289

Household Ethnicity - Percentage



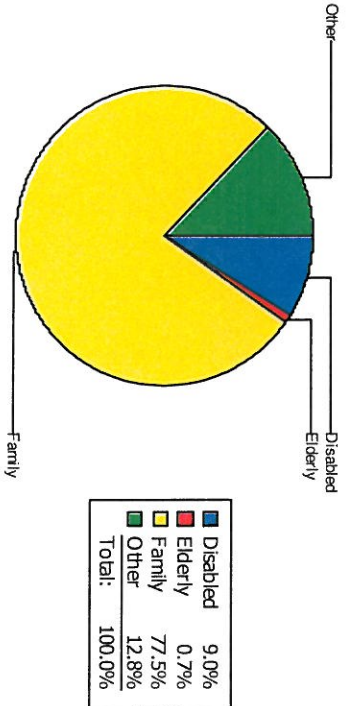
Household Ethnicity - Count



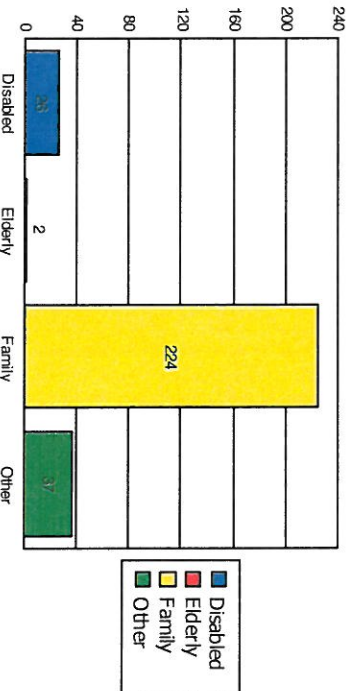
Household Type

	Disabled	Elderly	Family	Other	Total
Not Selected	26	2	224	37	289
Total	26	2	224	37	289

Household Type - Percentage



Household Type - Count



Waiting List Review

Gallatin Housing Authority (TN029)
Carthage Waiting list

Waiting List Code: gha2

Property: Waitlist Property

Property Code: wait

Waiting List Type: 0

Max Refusals: 5

Date/Time Last Generated: September 21, 2010 11:46 am

List Open: Yes

Date Open:

Date Closed:

List Ordering

Sort Order 1: Preferences

Sort Order 2: Date/Time

Sort Order 3: Income Targeting

Sort Order 4:

Sort Order 5:

Use Single Preference Rule: No

Waiting List Statistics

Total Selected: 57

Total Rejected: 3

Total Housed: 43

Total In Process: 11

% Lease up: 93.5%

Income Targeting

Code	Income Limit Description	Req. %	Pts/ Wt	#				#				Lease Up %	% Met
				Selected	Rejected	Housed	In Process	Selected	Rejected	Housed	In Process		
vli sc	Smith County	50%	3	2	0	2	0	100.0%					4.7%
eli sc	Smith County	30%	3	5	0	4	1	100.0%					9.3%
li sc	Smith County	80%	3	0	0	0	0	0.0%					0.0%

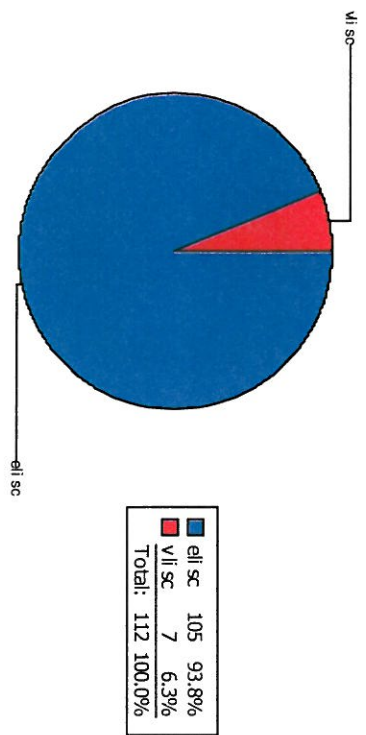
Income Limits Detail

Code	Description	Median Income	Med Inc	% Income Limits - Number of HH Members							
				1	2	3	4	5	6	7	8
eli sc	Smith County	52,300	30%	11,000	12,600	14,150	15,700	17,000	18,250	19,500	20,750
vli sc	Smith County	52,300	50%	18,350	20,950	23,550	26,150	28,250	30,350	32,450	34,550
li sc	Smith County	52,300	80%	29,300	33,500	37,700	41,850	45,200	48,550	51,900	55,250

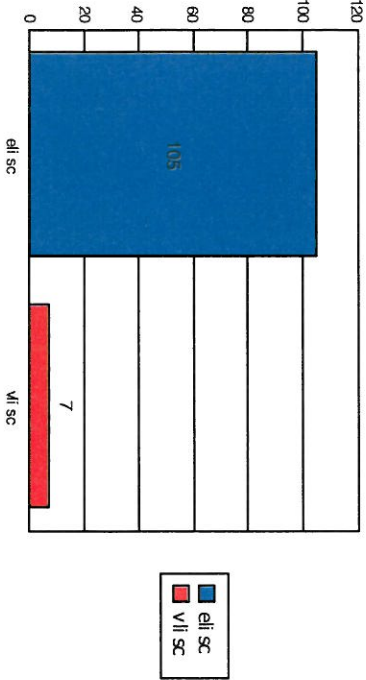
Current Waiting List Households by Selection Status and Income Limit

	eli sc	vli sc	Total Number Avg Position Min Position Max Position
Not Selected	105 17 1 41	7 24 2 33	112 18 1 41
Total	105 17 1 41	7 24 2 33	112 18 1 41

Households by Income Limit - Percentage



Households by Income Limit - Count



Waiting List Preferences

Preference Calculation Method: Aggregate

Code	Preference Description	Points / Weight	Rank
2	Working 32 hours	3	0
3	Full Time Student	2	0
4	Domestic Violence	1	0

Number of Households With Preferences

	Count
Working 32 hours	2

Waiting List Targeted Funding

Code	Preference Description	Points / Weight	Rank
------	------------------------	-----------------	------

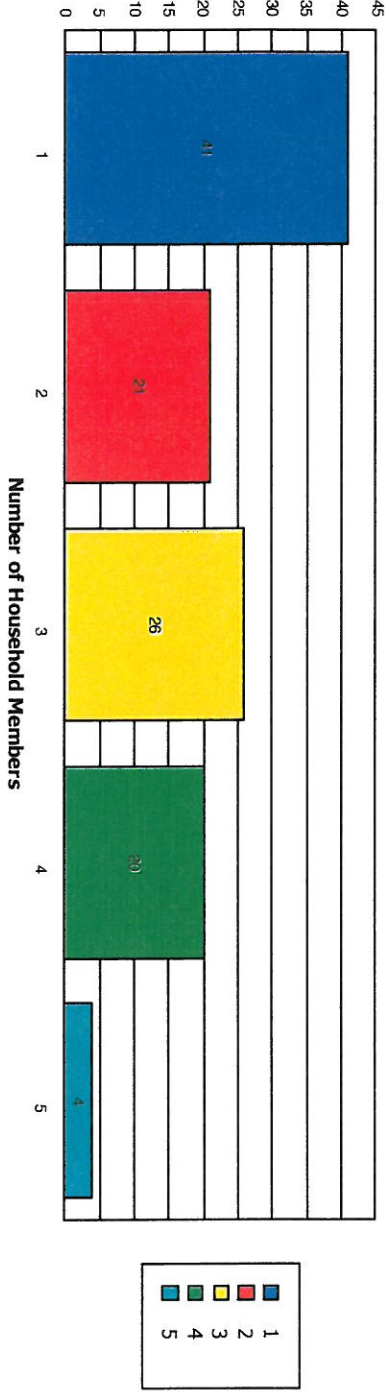
Number of Households With Targeted Funding

Waiting List Summary Information

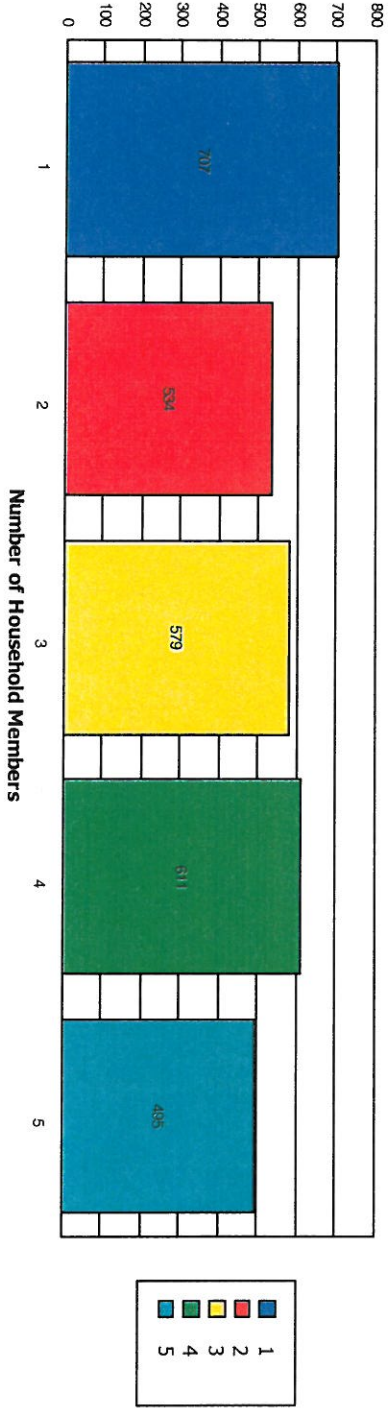
Waiting List Time Based on Number of HH Members

	1	2	3	4	5	# Families Avg Days Min Days Max Days
Not Selected	41 707 59 1,330	21 534 64 1,292	26 579 64 1,047	20 611 27 1,257	4 495 126 951	112 620 27 1,330
Total	41 707 59 1,330	21 534 64 1,292	26 579 64 1,047	20 611 27 1,257	4 495 126 951	112 620 27 1,330

Number of Households on Waiting List by Number of Members



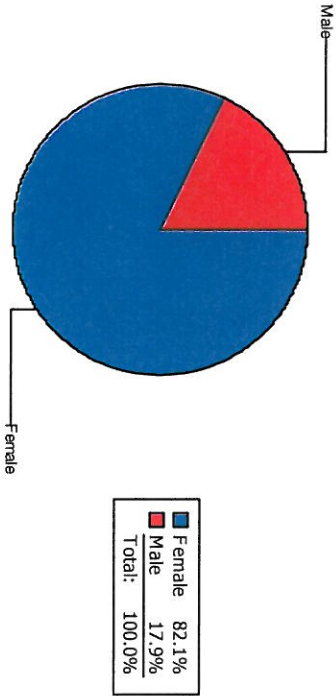
Avg Days on Waiting List by Number of Household Members



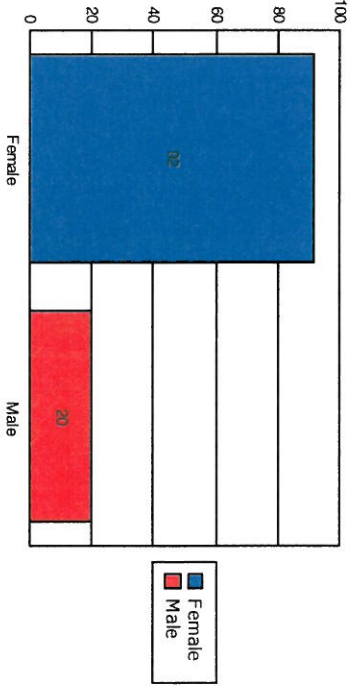
Gender of Head of Household

	Female	Male	Total
Not Selected	92	20	112
Total	92	20	112

Gender of Head of HH - Percentage



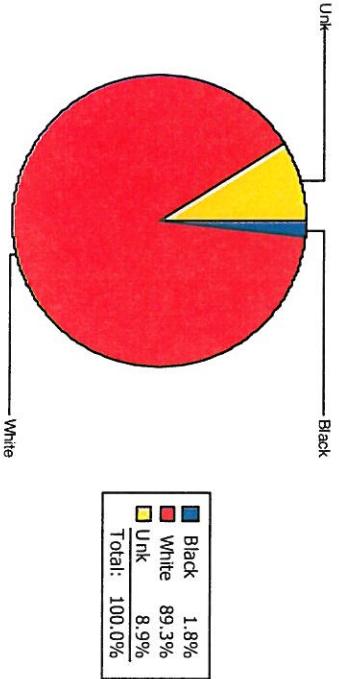
Gender of Head of HH - Count



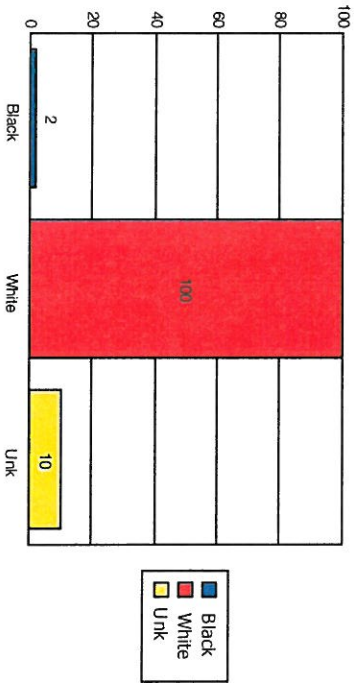
Household Race

	Black	White	Unk	Total
Not Selected	2	100	10	112
Total	2	100	10	112

Household Race - Percentage



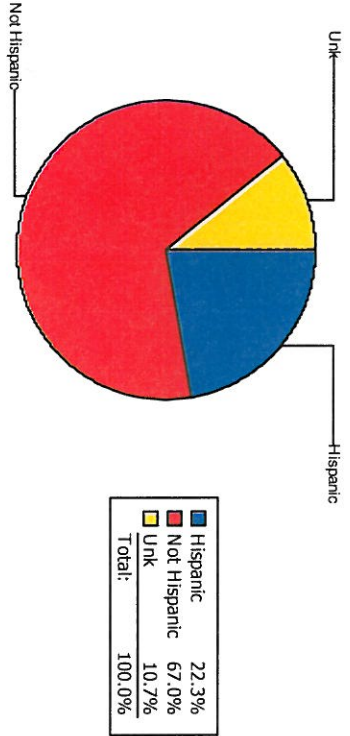
Household Race - Count



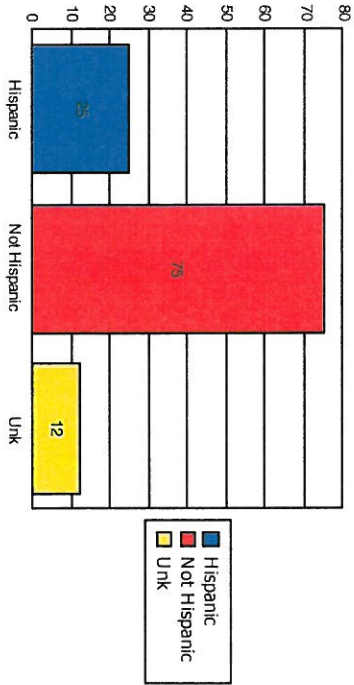
Household Ethnicity

	Hispanic	Not Hispanic	Unk	Total
Not Selected	25	75	12	112
Total	25	75	12	112

Household Ethnicity - Percentage



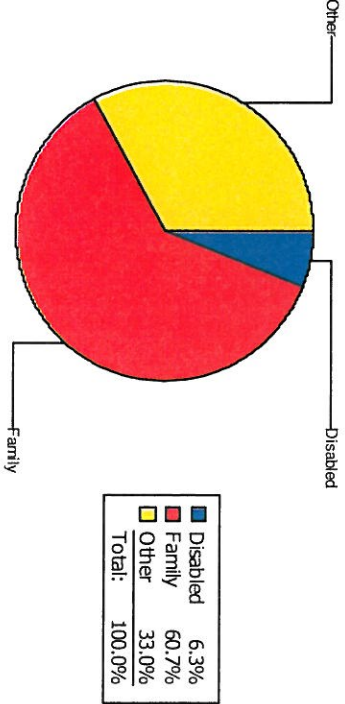
Household Ethnicity - Count



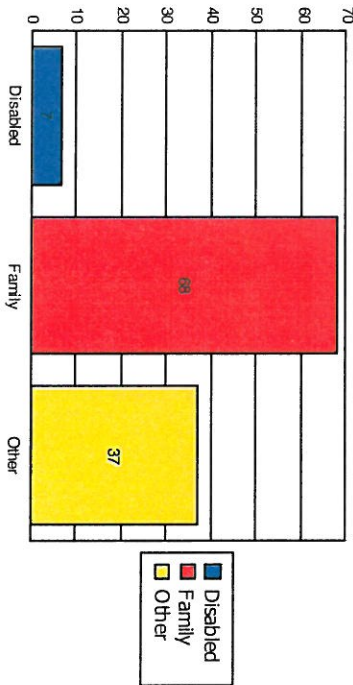
Household Type

	Disabled	Family	Other	Total
Not Selected	7	68	37	112
Total	7	68	37	112

Household Type - Percentage



Household Type - Count



Capital Fund Program (CFP) Part I: Summary ATTACHMENT H

- ☐ Original Annual Statement ☐ Reserve for Disaster/Emergencies ☒ Revised Annual Statement/Revision Number #4
☐ Performance and Evaluation Report for Program Year Ending _____ ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 20% of line 19)	66,702.00	0	0	0
3	1408 Management Improvements	2,000.00	590.00	590.00	590.00
4	1410 Administration	45,000.00	31,468.09	31,468.09	31,468.09
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,500.00	17,387.60	17,387.60	17,387.60
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	535,821.00	616,619.59	616,619.59	616,619.59
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs		957.72	957.72	850.05
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)				
19	Amount of Annual Grant (Sum of lines 2-18)	667,023.00	667,023.00	667,023.00	666,915.33
20	Amount of line 19 Related to LBP Activities				
21	Amount of line 19 to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

☒ Kurt O.E. Tschaepe, Executive Director

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 (10/96)

facsimile of form HUD-52837

² To be completed for the Performance and Evaluation Report.
 7485.3

ref Handbook

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) **Part II: Supporting Pages**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost ²		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	Operations Dev. 29-07, 29-010	1406	LS	22,212	0	0		
AMP 2	Operations Dev. 29-2,4,5B,11	1406	LS	22,278	0	0		
AMP 3	Operations Dev. 29-1, 3, 5A, 14	1406	LS	22,212	0	0		
AMP 1	Management Dev. 29-07, 29-010	1408	LS	668	195	195	195	
AMP 2	Management Dev. 29-2,4,5B,11	1408	LS	665	197	197	197	
AMP 3	Management Dev. 29- 1, 3, 5A, 14	1408	LS	667	198	198	198	
AMP 2	Administration Dev. 29-2,4,5B,11	1410	LS	27,500	17,468.09	17,468.09	17,468.09	
AMP 3	Administration Dev. 29-1, 3, 5A, 14	1410	LS	17,500	14,000.00	14,000.00	14,000.00	
AMP 2	Fees & Costs Dev. 29-2,4,5B,11	1430	LS	8,750	0	0	0	
AMP 3	Fees & Costs Dev. 29-1, 3, 5A, 14	1430	LS	8,750	17,387.60	17,387.60	17,387.60	
AMP 2	*Modernization Renovations Dev. 29-2	1460	LS	150,000	70,515.51	70,515.51	70,515.51	
AMP 2	Relocation Develop 29-002	1495.1	LS	0	957.72	957.72	850.05	

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X Kurt O.E. Tschaepe, Executive Director

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report.

facsimile of form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) **Part II: Supporting Pages**

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost ²		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 3	*Modernization Renovations Development 29-1 *Above Modernization Renovations to include: Remove/Replace Kitchen Cabinets Remove/Replace Floor Tile Remove/Replace Doors Install HVAC Upgrade Electrical System Upgrade plumbing Install Showers/Tub Surrounds Replace Stoves/Refrigerators Force Account Labor	1460	56du	385,821	546,104.08	546,104.08	546,104.08	

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X Kurt O.E. Tschaepe, Executive Director

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report.

Capital Fund Program (CFP) Part III: Implementation Schedule

U.S. Department of Housing
And Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual	Original	Revised ¹	Actual ²	
PHA WIDE ALL DEVELOPMENTS	06/30/2010			06/30/2012			

Signature of Executive Director & Date:

☒ Kurt O.E. Tschaepe, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Gallatin Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43SO2950109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
---	---	---

☐ **Type of Grant**
☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒ Revised Annual Statement (revision no: ONE)
☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	4,222	3,092.01	3,092.01	3,092.01
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	37,000	20,577.20	20,577.20	20,577.20
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	803,097	820,649.79	820,649.79	797,744.10
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Gallatin Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43SO2950109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ONE) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	844,319	844,319	844,319	821,413.31
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Gallatin Housing Authority			Grant Type and Number Capital Fund Program Grant No: TN43SO2950109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	ADMINISTRATION	1410	LS	4,222	3,092.01	3,092.01	3,092.01	
29-002	ENGINEERING (Incl in 2008-2009 an statement item #7)	1430	LS	37,000	20,577.20	20,577.20	20,577.20	
29-014	REROOFING (Item #6 2009 Statement)	1460	LS	125,000	129,289.33	129,289.33	129,289.33	
29-002	MODERNIZATION RENOVATIONS	1460	20	678,097	691,360.46	691,360.46	668,454.77	
	Renovations are:Replace Kitchen Cabinet							
	Countertops/New VCT Floor Tile/HVAC							
	Remove Gas Lines/Upgrade Electrical							
	System to handle all electric unit/New							
	Stoves/Refrigerators/New Doors/New							
	Plumbing/Install Tub Surrounds/							
	New Commodes (Item #5 2007 An. Statement & Item #11 2008 An Statement) Install Internet Connectivity (Item#7 2009 Statement)							

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² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program (CFP) Part I: Summary ATTACHMENT H

U.S. Department of Housing
And Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp.
7/31/98)

HA Name: GALLATIN HOUSING AUTHORITY	Capital Fund Program Number: TN43P02950109	FFY of Grant Approval: 2009
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- ☐ Original Annual Statement
 ☐ Reserve for Disaster/Emergencies
 ☒ Revised Annual Statement/Revision Number 1
☐ Performance and Evaluation Report for Program Year Ending _____
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 20% of line 19)	34,041	0	0	0
3	1408 Management Improvements	5,000	0	0	0
4	1410 Administration	30,000	22,500	22,500.00	18,240.27
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	6,550.00	6,550.00	6,550.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	601,777	651,018.00	651,018.00	594,572.01
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs		750.00	750.00	0
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)				
19	Amount of Annual Grant (Sum of lines 2-18)	680,818	680,818	680,818	619,362.28
20	Amount of line 19 Related to LBP Activities				
21	Amount of line 19 to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director & Date: X Kurt O.E. Tschaepe, Executive Director	Signature of Public Housing Director/Office of Native American Programs Administrator & Date:
--	---

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

facsimile of form HUD-52837

(10/96)
² To be completed for the Performance and Evaluation Report.

ref Handbook

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) **Part II: Supporting Pages**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost ²		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HAWIDE	Operations	1406	LS	34,041	0	0	0	
HAWIDE	Management Improvements	1408	LS	5,000	0	0	0	
HAWIDE	Administration	1410	LS	30,000	22,500	22,500	18,240.27	
HAWIDE	Engineering	1430	LS	10,000	6,550	6,550	6,550	
29-001 & 29-002	*Modernization Renovations	1460	74du	601,777	651,018	651,018	594,572.01	
	*Above Modernization Renovations to include: Remove/Replace Kitchen Cabinets Remove/Replace Floor Tile Remove/Replace Doors Install HVAC Upgrade Electrical System Upgrade plumbing Install Showers/Tub Surrounds Replace Stoves/Refrigerators Force Account Labor							

Signature of Executive Director & Date:

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X Kurt O.E. Tschaepe, Executive Director

X

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² To be completed for the Performance and Evaluation Report.

Capital Fund Program (CFP) Part III: Implementation Schedule

U.S. Department of Housing
And Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual	Original	Revised ¹	Actual ²	
PHA WIDE ALL DEVELOPMENTS	09/14/2011			09/14/2013			

Signature of Executive Director & Date:

X Kurt O.E. Tschaepe, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Gallatin Housing Authority	Grant Type and Number Capital Fund Program Grant No: TN43PO29050110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval: 2010
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Type of Grant
☒ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no:)
☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	58,000			
3	1408 Management Improvements	5,000			
4	1410 Administration (may not exceed 10% of line 21)	35,000		10,000	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	616,806		350,000	198,013.29
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Gallatin Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN43PO2905010 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval: 2010
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	729,806		360,000	198,013.29
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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[illegible]

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: TN029		Grant Type and Number Capital Fund Program Grant No: TN43P029050111 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2011 FFY of Grant Approval: 2011
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	105,150			
3	1408 Management Improvements	2,500			
4	1410 Administration (may not exceed 10% of line 21)	25,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	701,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: TN029		Grant Type and Number Capital Fund Program Grant No: TN43P029050111 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2011 FFY of Grant Approval: 2011
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	833,650			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name/Number Gallatin Housing Authority TN029		Locality (City/County & State) Gallatin, Sumner, Tennessee		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	530,500	753,566	644,000	515,566
C.	Management Improvements		2,500	30,000	30,000	2,500
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		10,600	15,000	12,500	10,300
F.	Other					
G.	Operations		106,100	150,700	125,000	103,100
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		649,700	949,266	811,500	641,766
L.	Total Non-CFP Funds					
M.	Grand Total		649,700	949,266	811,500	641,766

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Work Statement for Year 1 FFY <u>2011</u>	Work Statement for Year <u>2</u> FFY <u>2012</u>			Work Statement for Year: <u>3</u> FFY <u>2013</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	29-003 Convert Lighting to Fluorescent	38 DU	19,000	29-003 Off Street Parking	LS	150,000
	29-004 Remove Storm Doors/Replace exterior doors and frames	22 DU	30,000	29-007 Remove Storm Doors/Replace Ext Doors & Frames	38 DU	50,566
	29-007 Convert lighting to Fluorescent Feasibility Study for offstreet parking	38 DU	19,000 25,000	29-010 Remove Storm Doors/Replace Ext Doors & Frames Replace Int Doors w/Solid Core doors	55 DU	68,000 85,000
	29-010 Convert Lighting to Fluorescent Feasibility Study for offstreet parking Redress Stairway/Rails	55 DU	27,500 25,000 30,000			
	29-011 Convert Lighting Redress Stairways/Rails	100 DU	50,000 55,000			
	PHA WIDE Replace Gutters	LS	250,000			
	Subtotal of Estimated Cost		\$530,500		Subtotal of Estimated Cost	\$753,566

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year <u>4</u> FFY <u>2014</u>			Work Statement for Year: <u>5</u> FFY <u>2015</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	29-003 Replace Int Doors w/Solid Core Doors	38 DU	57,000	29-003 Remove storm doors/Replace Ext doors & frames Convert to all elec/remove all gas lines	38 DU	50,566 114,000
Annual	29-004 Replace Int Doors w/Solid core doors Replace water/sewer lines	22 DU	33,000 40,000	29-004 Convert to all electric/ Remove gas lines	22 DU	66,000
Statement	29-005 Remove Storm doors/Replace ext doors & frames	40 DU	60,000	29-011 Remove storm doors/Replace ext doors & frames – Replace Int doors w/solid core doors	100 DU	260,000
	29-011 Install shower/tub surrounds/ Remove/replace old tile & vinyl with new comm. Grade vinyl(marmoleum)	LS	350,000	29-001 Maintenance Building Upgrade HVAC/storage area	LS	25,000
	29-014 Remove storm doors/replace ext doors & frames Replace Int. doors w/solid core doors	40 DU	104,000			
		Subtotal of Estimated Cost	\$644,000		Subtotal of Estimated Cost	\$ 515,566

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012		Work Statement for Year: 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	PHA WIDE Central Office Cost Center (COCC)	13,100	PHA WIDE Central Office Cost Center (COCC)	45,000
Annual Statement	PHA WIDE Operations	106,100	PHA WIDE Operations	150,700
	Subtotal of Estimated Cost	\$ 119,200	Subtotal of Estimated Cost	\$ 195,700

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY	Work Statement for Year <u>4</u> FFY <u>2014</u>		Work Statement for Year: <u>5</u> FFY <u>2015</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	PHA WIDE Central Office Cost Center (COCC)	42,500	PHA WIDE Central Office Cost Center (COCC)	12,800
Annual	PHA WIDE Operations	125,000	PHA WIDE Operations	103,100
Statement				
	Subtotal of Estimated Cost	\$ 167,500	Subtotal of Estimated Cost	\$ 115,900